SOUTHLANDS METROPOLITAN DISTRICT NO. 1 141 Union Boulevard, Suite 150, Lakewood, Colorado 80228 (303) 987-0835, FAX (303) 987-2032

Public Records Request Form

Mailling Address: Phone: Phone:	Requester Name:			Date:		
Detailed Description of Request (Please use additional sheets if necessary): Fee Schedule: Copy (black & white)	Mailing Address:					
Detailed Description of Request (Please use additional sheets if necessary): Fee Schedule: Copy (black & white)						
Fee Schedule:	Signature:	Phone:	Phone:			
Fee Schedule:	Detailed Description of Requ	est (Please use additional she	ets if necessary):			
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Copy (color) A page is defined as one side 11 x 17 #		Fee Sc	hedule:			
A page is defined as one side 11 x 17	Conv (black & white)	8 ½ x 11 #	@ \$.25 each	\$		
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Information Transfer to Computer media # of disks \$5.00 first disk then \$10.00 each # of disks Certified Letter Fee \$2.80 per copy \$ Budget book or other large publication Varies - Charge is based on District's cost to produce the publication \$ Postage & Packaging for mailing Varies - Charge is based on District's cost to produce the publication \$ Postage & Packaging for mailing Varies - Actual cost will be assessed \$ PDF coples sent by email \$N/C per file if prescanned \$1.5 per file if scanning required \$ Please Note: a. Prior to making copies or providing access to other information requested, the District must receive: (1) a copy of this form completed by the requester or its authorized agent; and (2) payment of all charges incurred as part of the request. b. Inspection of the District's records and documents is permitted. Such inspection must take place during regular business hours at the office of the Official Custodian for the District. All hourly Research and Compilation Pees and other costs incurred as a result of said inspection shall be charged to the requester. c. Public records requests shall not preempt or take priority over previously scheduled official District related business activities. As required by \$ 24-72-101, et seq., C.R.S., requests shall be handled with Seventy-Two (72) hours unless extenuating circumstances exist. The District reserves the right to seek a declaratory judgment, pursuant to \$ 13-51-101, et seq., C.R.S. to determine if a large or otherwise difficult public records request may be exempted from the statutorily required response time. For Internal Office Use: Date request completed: Approved: Denied: Denied: Approved: Denied: Approved: Denied: Approved: Denied: If denied, provide reason(s): Total Amount paid: **Total Amount paid: **Total Amount paid: **Total Amount paid: **Total Amount paid: **Total Amount paid: **Total Amount paid: **Total Amount paid: **Total Amount paid: **Total Amount paid: **Total Amount paid: **Total Amount paid: **Total Amount paid: **T				\$		
If available			then \$10.00 each			
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Postage & Packaging for mailing Varies - Actual cost will be assessed \$ PDF copies sent by email \$\frac{1}{2}\text{N/C} per file if prescanned} \text{\$\frac{1}{2}\text{N/C} per file if prescanned} \text{\$\frac{1}{2}\text{N/C} per file if scanning required} \text{\$\frac{1}{2}\text{N/C} per file if scan	1 4			\$		
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